



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas Iowa, Inc.

NAIC Group Code	00936	(Current Period)	,	00936	(Prior Period)	NAIC Company Code	15800	Employer's ID Number	47-3923267
Organized under the Laws of	Iowa					State of Domicile or Port of Entry	Iowa		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []			Property/Casualty []			Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []			Vision Service Corporation []			Health Maintenance Organization [X]		
	Other []			Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	05/05/2015			Commenced Business	08/19/2015				
Statutory Home Office	Two Ruan Center, 601 Locust Street, Suite 900					Des Moines, IA, US 50309			
	(Street and Number)					(City or Town, State, Country and Zip Code)			
Main Administrative Office	200 Stevens Drive								
	Philadelphia, PA, US 19113					215-937-8000			
	(City or Town, State, Country and Zip Code)					(Area Code) (Telephone Number)			
Mail Address	Two Ruan Center, 601 Locust Street, Suite 900					Des Moines, IA, US 50309			
	(Street and Number or P.O. Box)					(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive								
	Philadelphia, PA, US 19113					215-937-8000			
	(City or Town, State, Country and Zip Code)					(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.amerihealthcaritasia.com								
Statutory Statement Contact	Dennis Andrew Petersen					515-330-3895			
	(Name)					(Area Code) (Telephone Number) (Extension)			
	dpetersen@amerihealthcaritasia.com					515-330-3732			
	(E-Mail Address)					(Fax Number)			

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner	Treasurer	Robert Edward Tootle, Esquire #	Secretary
Russell Raymond Gianforcaro	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Steven Harvey Bohner	Eileen Mary Coggins	Russell Raymond Gianforcaro	
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State ofPennsylvania.....
County ofPhiladelphia.....
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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Harvey Bohner Treasurer	Robert Edward Tootle, Esquire Secretary	Russell Raymond Gianforcaro President
Subscribed and sworn to before me this _____ day of _____ February, 2017		a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	.0		.0	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$95,257,735 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$4,082,691 , Schedule DA).....	99,340,426		99,340,426	40,996,598
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	99,340,426	.0	99,340,426	40,996,598
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued .....			.0	.0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	.61,506,922		.61,506,922	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ ..... ) .....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	438,454		438,454	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	.0
18.2 Net deferred tax asset.....			.0	246,261
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....	447,219		447,219	.0
21. Furniture and equipment, including health care delivery assets (\$)	599,057	599,057	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates	280,000,000		280,000,000	.0
24. Health care (\$11,861,458) and other amounts receivable.....	15,545,350	3,683,892	11,861,458	.0
25. Aggregate write-ins for other-than-invested assets	2,522,771	2,522,771	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	460,400,199	6,805,720	453,594,479	41,242,859
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	460,400,199	6,805,720	453,594,479	41,242,859
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Prepaid Expenses.....	413,367	413,367	.0	
2502. Leasehold Improvement.....	2,109,404	2,109,404	.0	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,522,771	2,522,771	.0	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	221,550,647		221,550,647	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	2,879,807		2,879,807	0
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	77,199,548		77,199,548	25,150,685
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	1,941,605		1,941,605	92,583
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	938,440		938,440	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	7,686,245		7,686,245	7,779,213
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	1,337,642	0	1,337,642	0
24. Total liabilities (Lines 1 to 23)	313,533,934	0	313,533,934	33,022,481
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	473,000,000	41,000,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(332,940,455)	(32,780,622)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	140,060,545	8,220,378
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	453,594,479	41,242,859
DETAILS OF WRITE-INS				
2301. Stale Dated Checks	1,337,642		1,337,642	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,337,642	0	1,337,642	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,956,658	.0
2. Net premium income (including \$0 non-health premium income).....	XXX	1,397,985,528	.0
3. Change in unearned premium reserves and reserve for rate credits	XXX	.0	.0
4. Fee-for-service (net of \$ medical expenses)	XXX		.0
5. Risk revenue	XXX		.0
6. Aggregate write-ins for other health care related revenues	XXX	.0	.0
7. Aggregate write-ins for other non-health revenues	XXX	.0	.0
8. Total revenues (Lines 2 to 7)	XXX	1,397,985,528	.0
Hospital and Medical:			
9. Hospital/medical benefits		962,322,096	.0
10. Other professional services		374,308,794	.0
11. Outside referrals .....			.0
12. Emergency room and out-of-area		21,107,722	.0
13. Prescription drugs		154,608,809	.0
14. Aggregate write-ins for other hospital and medical .....	.0	32,010,696	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			.0
16. Subtotal (Lines 9 to 15) .....	.0	1,544,358,117	.0
Less:			
17. Net reinsurance recoveries		542,705	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	1,543,815,412	.0
19. Non-health claims (net).....			.0
20. Claims adjustment expenses, including \$17,025,597 cost containment expenses.....		35,857,959	.0
21. General administrative expenses.....		59,469,227	7,876,198
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		52,048,863	25,150,685
23. Total underwriting deductions (Lines 18 through 22) .....	.0	1,691,191,461	33,026,883
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(293,205,933)	(33,026,883)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		98,082	.0
26. Net realized capital gains (losses) less capital gains tax of \$ .....			.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	98,082	.0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ ..... )] .....		.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(293,107,851)	(33,026,883)
31. Federal and foreign income taxes incurred	XXX		.0
32. Net income (loss) (Lines 30 minus 31)	XXX	(293,107,851)	(33,026,883)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Durable Medical Equipment.....		7,176,158	
1402. Alternative Medical Costs.....		1,783,865	
1403. Provider Passthrough Expenses.....		22,529,824	
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	520,849	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	32,010,696	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	8,220,378	0
34. Net income or (loss) from Line 32	(293,107,851)	(33,026,883)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(11,225,146)	11,225,145
39. Change in nonadmitted assets	4,173,164	(10,978,884)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	1,000
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	432,000,000	41,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	131,840,167	8,220,378
49. Capital and surplus end of reporting year (Line 33 plus 48)	140,060,545	8,220,378
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,336,478,606	.0
2. Net investment income	98,082	.0
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,336,576,688	.0
5. Benefit and loss related payments	1,338,248,569	.0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		.0
7. Commissions, expenses paid and aggregate write-ins for deductions	.89,979,622	7,783,615
8. Dividends paid to policyholders		.0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	1,428,228,191	7,783,615
11. Net cash from operations (Line 4 minus Line 10)	(91,651,503)	(7,783,615)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	.0	.0
12.2 Stocks	.0	.0
12.3 Mortgage loans	.0	.0
12.4 Real estate	.0	.0
12.5 Other invested assets	.0	.0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	.0	.0
12.7 Miscellaneous proceeds	.0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	.0	.0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	.0	.0
13.2 Stocks	.0	.0
13.3 Mortgage loans	.0	.0
13.4 Real estate	.0	.0
13.5 Other invested assets	.0	.0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	.0	.0
14. Net increase (decrease) in contract loans and premium notes	.0	.0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	.0	.0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	.0	.0
16.2 Capital and paid in surplus, less treasury stock	.152,000,000	.41,001,000
16.3 Borrowed funds	.0	.0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		.0
16.5 Dividends to stockholders	.0	.0
16.6 Other cash provided (applied)	(2,004,669)	7,779,213
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	149,995,331	48,780,213
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	.58,343,828	.40,996,598
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	.40,996,598	.0
19.2 End of year (Line 18 plus Line 19.1)	99,340,426	40,996,598

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Caritas Iowa, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,397,985,528	0	0	0	0	0	0	1,397,985,528	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,397,985,528	0	0	0	0	0	0	1,397,985,528	0	0
8. Hospital/medical benefits	962,322,096							962,322,096		XXX
9. Other professional services	374,308,794							374,308,794		XXX
10. Outside referrals	0							0		XXX
11. Emergency room and out-of-area	21,107,722							21,107,722		XXX
12. Prescription drugs	154,608,809							154,608,809		XXX
13. Aggregate write-ins for other hospital and medical.....	32,010,696	0	0	0	0	0	0	32,010,696	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14)	1,544,358,117	0	0	0	0	0	0	1,544,358,117	0	XXX
16. Net reinsurance recoveries	542,705							542,705		XXX
17. Total hospital and medical (Lines 15 minus 16)	1,543,815,412	0	0	0	0	0	0	1,543,815,412	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$17,025,597 cost containment expenses.....	35,857,959							35,857,959		
20. General administrative expenses	59,469,227							59,469,227		
21. Increase in reserves for accident and health contracts	52,048,863							52,048,863		XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	1,691,191,461	0	0	0	0	0	0	1,691,191,461	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(293,205,933)	0	0	0	0	0	0	(293,205,933)	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment.....	7,176,158							7,176,158		XXX
1302. Alternative Medical Cost.....	1,783,865							1,783,865		XXX
1303. Provider Passthrough Expenses.....	22,529,824							22,529,824		XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	520,849	0	0	0	0	0	0	520,849	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	32,010,696	0	0	0	0	0	0	32,010,696	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....	1,399,957,987		1,972,459	1,397,985,528
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	1,399,957,987	.0	1,972,459	1,397,985,528
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	1,399,957,987	0	1,972,459	1,397,985,528

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AmeriHealth Caritas Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	1,338,352,820							1,338,352,820		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	104,251							104,251		
1.4 Net	1,338,248,569	0	0	0	0	0	0	1,338,248,569	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	221,550,647	0	0	0	0	0	0	221,550,647	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	221,550,647	0	0	0	0	0	0	221,550,647	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	15,545,350							15,545,350		
7. Amounts recoverable from reinsurers December 31, current year	438,454							438,454		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	1,544,358,117	0	0	0	0	0	0	1,544,358,117	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	542,705	0	0	0	0	0	0	542,705	0	0
12.4 Net	1,543,815,412	0	0	0	0	0	0	1,543,815,412	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	19,685,553							19,685,553		
1.2. Reinsurance assumed .....	.0									
1.3. Reinsurance ceded .....	.0									
1.4. Net	19,685,553	.0	.0	.0	.0	.0	.0	19,685,553	.0	.0
2. Incurred but Unreported:										
2.1. Direct	201,865,094							201,865,094		
2.2. Reinsurance assumed .....	.0									
2.3. Reinsurance ceded .....	.0									
2.4. Net	201,865,094	.0	.0	.0	.0	.0	.0	201,865,094	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	.0									
3.2. Reinsurance assumed .....	.0									
3.3. Reinsurance ceded .....	.0									
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1. Direct	221,550,647	.0	.0	.0	.0	.0	.0	221,550,647	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net	221,550,647	.0	.0	.0	.0	.0	.0	221,550,647	.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid.....		1,337,810,115		221,550,647	0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	0	1,337,810,115	0	221,550,647	0	0
10. Healthcare receivables (a).....		15,545,350			0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	0	1,322,264,765	0	221,550,647	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.0	.0	.0	.0	
2. 2012 .....	.0	.0	.0	.0	
3. 2013	XXX	.0	.0	.0	
4. 2014	XXX	XXX	.0		
5. 2015	XXX	XXX	XXX	.0	
6. 2016	XXX	XXX	XXX	XXX	1,322,265

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.0	.0	.0	.0	
2. 2012 .....	.0	.0	.0	.0	
3. 2013	XXX	.0	.0	.0	
4. 2014	XXX	XXX	.0		
5. 2015	XXX	XXX	XXX	.0	
6. 2016	XXX	XXX	XXX	XXX	1,543,815

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012.....	.0	.0		.0	.0	.0			.0	.0
2. 2013.....	.0	.0		.0	.0	.0			.0	.0
3. 2014.....	.0	.0		.0	.0	.0			.0	.0
4. 2015.....	.0	.0		.0	.0	.0			.0	.0
5. 2016	1,397,986	1,322,265	32,978	2.5	1,355,243	96.9	221,551	2,880	1,579,674	113.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.0	.0	.0	.0	.0
2. 2012 .....	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	.0	.0
6. 2016	XXX	XXX	XXX	XXX	1,322,265

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.0	.0	.0	.0	.0
2. 2012 .....	.0	.0	.0	.0	.0
3. 2013	XXX	.0	.0	.0	.0
4. 2014	XXX	XXX	.0	.0	.0
5. 2015	XXX	XXX	XXX	.0	.0
6. 2016	XXX	XXX	XXX	XXX	1,543,815

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2013.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2014.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2015.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2016	1,397,986	1,322,265	32,978	2.5	1,355,243	96.9	221,551	2,880	1,579,674	113.0

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Part 2C - Sn C - Claims Expense Ratio Co
NONE

Part 2C - Sn C - Claims Expense Ratio MS
NONE

Part 2C - Sn C - Claims Expense Ratio DO
NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

Part 2C - Sn C - Claims Expense Ratio XV
NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	77,199,548							77,199,548	
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	77,199,548	.0	.0	.0	.0	.0	.0	77,199,548	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	77,199,548	0	0	0	0	0	0	77,199,548	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$77,199,548 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	382,323	526,729	2,017,450		2,926,502
2. Salaries, wages and other benefits	11,244,192	11,269,907	30,095,079		52,609,178
3. Commissions (less \$ceded plus \$assumed)	0	0	0		0
4. Legal fees and expenses	51,403	70,444	142,631		264,478
5. Certifications and accreditation fees	16,356	43,814	51,992		112,162
6. Auditing, actuarial and other consulting services	755,254	1,079,060	2,314,629		4,148,943
7. Traveling expenses	446,771	183,183	758,205		1,388,159
8. Marketing and advertising	251,395	93,362	599,087		943,844
9. Postage, express and telephone	163,248	250,569	496,042		909,859
10. Printing and office supplies	85,431	45,262	312,421		443,114
11. Occupancy, depreciation and amortization	852,944	1,175,776	2,857,600		4,886,320
12. Equipment	108,175	149,284	384,608		642,067
13. Cost or depreciation of EDP equipment and software	0	0	316,378		316,378
14. Outsourced services including EDP, claims, and other services	1,264,792	2,965,548	8,528,785		12,759,125
15. Boards, bureaus and association fees	529	0	3,387		3,916
16. Insurance, except on real estate	10,906	16,788	160,007		187,701
17. Collection and bank service charges	522	1,501	133,796		135,819
18. Group service and administration fees	0	0	0		0
19. Reimbursements by uninsured plans	0	0	0		0
20. Reimbursements from fiscal intermediaries	0	0	0		0
21. Real estate expenses	0	0	0		0
22. Real estate taxes	10,906	21,137	102,994		135,037
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0		0
23.2 State premium taxes	0	0	0		0
23.3 Regulatory authority licenses and fees	0	0	161		161
23.4 Payroll taxes	772,985	797,056	2,033,530		3,603,571
23.5 Other (excluding federal income and real estate taxes)	0	0	0		0
24. Investment expenses not included elsewhere	0	0	0		0
25. Aggregate write-ins for expenses	607,465	142,942	8,160,445	0	8,910,852
26. Total expenses incurred (Lines 1 to 25)	17,025,597	18,832,362	59,469,227	0 (a)	95,327,186
27. Less expenses unpaid December 31, current year	1,367,351	1,512,456	1,941,605		4,821,412
28. Add expenses unpaid December 31, prior year	0	0	92,583	0	92,583
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	15,658,246	17,319,906	57,620,205	0	90,598,357
DETAILS OF WRITE-INS					
2501. Consulting.....	483,098	0	7,538,666		8,021,764
2502. Miscellaneous Expenses.....	109,619	142,942	367,850		620,411
2503. Donations.....	14,292	0	12,148		26,440
2598. Summary of remaining write-ins for Line 25 from overflow page	456	0	241,781	0	242,237
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	607,465	142,942	8,160,445	0	8,910,852

(a) Includes management fees of \$60,375,600 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....	.....
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....98,082	.....98,082
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	98,082	98,082
11.	Investment expenses		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....0
17.	Net investment income (Line 10 minus Line 16)		98,082
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued interest on purchases.
(b) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
(f) Includes \$ accrual of discount less \$ amortization of premium.
(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$ interest on surplus notes and \$ interest on capital notes.
(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0	.....	.....
1.1	Bonds exempt from U.S. tax .....			.....0	.....	.....
1.2	Other bonds (unaffiliated) .....			.....0	.....	.....
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....	.....0
5.	Contract loans .....			.....0	.....	.....
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0	.....	.....
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	10,978,884	10,978,884
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	599,057	0	(599,057)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	3,683,892	0	(3,683,892)
25. Aggregate write-ins for other-than-invested assets	2,522,771	0	(2,522,771)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,805,720	10,978,884	4,173,164
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	6,805,720	10,978,884	4,173,164
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	413,367		(413,367)
2502. Leasehold Improvement.....	2,109,404		(2,109,404)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,522,771	0	(2,522,771)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0	.0	224,767	217,241	222,977	1,956,658
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	0	0	224,767	217,241	222,977	1,956,658
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMERIHEALTH CARITAS IOWA, INC.

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices
The financial statements of AmeriHealth Caritas Iowa, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Iowa Insurance Division (IID).

The IID recognizes only statutory accounting practices prescribed or permitted by the State of Iowa for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Iowa Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Iowa. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State has imposed limitations on the investments held by the Company pursuant to Iowa Statute 515.35. These limitations do not have any monetary effect on net income, surplus or risk based capital.

A reconciliation of the Company's net loss and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Iowa is shown below:

	SSAP #	F/S Page	F/S Line#	2016	2015
NET INCOME					
(1) AmeriHealth Caritas Iowa, Inc. state basis (Page 4, Line 32, Columns 2 & 3)				\$ (293,107,851)	\$ (33,026,883)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP				\$0	\$0
(3) State Permitted Practices that increase/(decrease) NAIC SAP				\$0	\$0
(4) NAIC SAP (1-2-3=4)				<u>\$ (293,107,851)</u>	<u>\$ (33,026,883)</u>
SURPLUS					
(5) AmeriHealth Caritas Iowa, Inc. state basis (Page 3, Line 33, Columns 3 & 4)				\$ 140,060,545	\$ 8,220,378
(6) State Prescribed Practices that increase/(decrease) NAIC SAP State imposed investment limitations	-	-	-	\$0	\$0
(7) State Permitted Practices that increase/(decrease) NAIC SAP				\$0	\$0
(8) NAIC SAP (5-6-7=8)				<u>\$ 140,060,545</u>	<u>\$ 8,220,378</u>

- B. Use of Estimates in the Preparation of the Financial Statements
The preparation of financial statements in conformity with accounting practices prescribed or permitted by the IID requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates
- C. Accounting Policy
The Company uses the following accounting policies:
- (1) Short-term investments are stated at amortized cost.
 - (2) Bonds – None
 - (3) Common Stocks – None
 - (4) Preferred Stock – None
 - (5) Mortgage Loans – None
 - (6) Loan-backed securities – None
 - (7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
 - (8) Investments in joint ventures, partnerships and limited liability companies – None
 - (9) Derivatives – None
 - (10) Anticipated investment income as a factor in premium deficiency calculation – None
 - (11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – Accrued medical expenses include medical expenses billed and not paid and an estimate for costs incurred but not reported, which is actuarially determined. In addition, unpaid claims adjustment expenses are accrued based on an estimate of the cost to process these claims. To estimate the required claims incurred but not reported reserves, the Company uses the triangulation method. The method of triangulation makes estimates of completion factors, which are then applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claims and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors.

For the most current dates of service where there is insufficient paid claim data to rely solely on the completion factor method, the Company examines cost and utilization trends as well as plan changes, provider contracts, membership changes, and historical seasonal patterns to estimate the reserve required for these months. While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates.
 - (12) Fixed asset capitalization policy modifications – Furniture and leasehold improvements are designated as “non-admitted assets” and are charged directly to capital and surplus. Electronic data processing (EDP) equipment exceeding three percent of statutory capital and surplus for the most recently filed statement with the IID (adjusted to exclude EDP equipment and deferred taxes) are designated as non-admitted assets and are charged directly to capital and surplus. Depreciation is calculated on a straight-line basis over the estimated useful life of the assets, which ranges from three to seven years. Leasehold improvements are amortized on a straight-line basis over the shorter of the lease term or estimated useful life of the asset. Maintenance and repairs are charged to operations when incurred.
 - (13) Pharmaceutical Rebates – None
- D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger
- (1) Name and brief description of the combined entities – None
 - (2) Method of accounting – None
 - (3) Shares of stock issued in the transaction – None
 - (4) Details of results of operations – None
 - (5) Adjustments recorded directly to surplus – None
- C. Assumption Reinsurance – None
- D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

- A. Discontinued Operations Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in the Discontinued Operation After Disposal – None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
- (1) Prepayment assumptions – None
 - (2) Recognized Other-than-Temporary Impairment – None
 - (3) Present Value of Cash Flows – None
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
- (a) The aggregate amount of unrealized losses – None
 - (b) The aggregate related fair value of securities with unrealized losses – None
- E. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Real Estate – None
- G. Investments in low-income housing tax credits (LIHTC) – None
- H. Restricted Assets
- (1) Restricted Assets (Including Pledged) – None
 - (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
 - (3) Detail of Other Restricted Assets – None
 - (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None
- I. Working Capital Finance Investments – None
- J. Offsetting and Netting of Assets and Liabilities – None
- K. Structured Notes – None
- L. 5* Securities – None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
- B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income

- A. Due and accrued income is excluded from surplus on the following bases – None
- B. Total amount excluded - None

8. Derivative Instruments

- A. Market risk, credit risk and cash requirements of the derivative instruments – None
- B. Objective for using derivative instruments – None
- C. Accounting policies for recognizing and measuring derivatives instruments used – None
- D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
- E. Net gain or loss recognized for derivative instruments no longer qualifying for hedge accounting – None
- F. Derivative instruments accounted for as cash flow hedges – None

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMERIHEALTH CARITAS IOWA, INC.

9. Income Taxes

A. The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) are as follows:

1.

- (a) Gross DTA
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross DTA
- (1a - 1b)
- (d) DTA Nonadmitted
- (e) Subtotal Net Admitted DTA
- (1c -1d)
- (f) DTL
- (g) Net Admitted DTA/(Net DTL)
- (1e - 1f)

12/31/2016		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
\$ 116,516,721	\$ 0	\$ 116,516,721
..... 116,516,721	..... 0	..... 116,516,721
..... 0	..... 0	..... 0
..... 0	..... 0	..... 0
..... 0	..... 0	..... 0
..... 0	..... 0	..... 0
\$ 0	\$ 0	\$ 0

- (a) Gross DTA
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross DTA
- (1a - 1b)
- (d) DTA Nonadmitted
- (e) Subtotal Net Admitted DTA
- (1c -1d)
- (f) DTL
- (g) Net Admitted DTA/(Net DTL)
- (1e - 1f)

12/31/2015		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total
\$ 11,225,145	\$ 0	\$ 11,225,145
..... 0	..... 0	..... 0
..... 11,225,145	..... 0	..... 11,225,145
..... 10,978,884	..... 0	..... 10,978,884
..... 246,261	..... 0	..... 246,261
..... 0	..... 0	..... 0
\$ 246,261	\$ 0	\$ 246,261

- (a) Gross DTA
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross DTA
- (1a - 1b)
- (d) DTA Nonadmitted
- (e) Subtotal Net Admitted DTA
- (1c -1d)
- (f) DTL
- (g) Net Admitted DTA/(Net DTL)
- (1e - 1f)

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
\$ 105,291,576	\$ 0	\$ 105,291,576
..... 116,516,721	..... 0	..... 116,516,721
..... (11,225,145)	..... 0	..... (11,225,145)
..... (10,978,884)	..... 0	..... (10,978,884)
..... (246,261)	..... 0	..... (246,261)
..... 0	..... 0	..... 0
\$ (246,261)	\$ 0	\$ (246,261)

2. Admission Calculation Components SSAP No. 101:

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- (c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL
- (d) DTA Admitted as the result of application of SSAP No. 101.
- Total (2(a) + 2(b) + 2(c))

12/31/2016		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
\$ 0	\$ 0	\$ 0
..... 0	..... 0	..... 0
..... 0	..... 0	..... 0
..... XXX	..... XXX	..... 139,589,705
..... 0	..... 0	..... 0
\$ 0	\$ 0	\$ 0

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- (c) Adjusted Gross DTA (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross DTL
- (d) DTA Admitted as the result of application of SSAP No. 101.
- Total (2(a) + 2(b) + 2(c))

12/31/2015		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total
\$ 0	\$ 0	\$ 0
..... 246,261	..... 0	..... 246,261
..... 246,261	..... 0	..... 246,261
..... XXX	..... XXX	..... 1,196,118
..... 0	..... 0	..... 0
\$ 246,261	\$ 0	\$ 246,261

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- (c) Adjusted Gross DTA (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross DTL
- (d) DTA Admitted as the result of application of SSAP No. 101.
- Total (2(a) + 2(b) + 2(c))

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	Capital	(Col 7+8) Total
\$ 0	\$ 0	\$ 0
..... (246,261)	..... 0	..... (246,261)
..... (246,261)	..... 0	..... (246,261)
..... XXX	..... XXX	..... 138,393,587
..... 0	..... 0	..... 0
\$ (246,261)	\$ 0	\$ (246,261)

3.

- (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.
- (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.

2016	2015
..... 207%	..... 8904%
\$ 140,060,545	\$ 7,974,117

4. Impact of Tax Planning Strategies

(a) Determination Of Adjusted Gross DTA and Net Admitted DTA, By Tax Character As A Percentage

- (1) Adjusted Gross DTAs amount from Note 9A1(c)
- (2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies
- (3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)
- (4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies

12/31/2016	
(1)	(2)
Ordinary	Capital
\$ 0	\$ 0
\$ 0	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMERIHEALTH CARITAS IOWA, INC.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A.B., Material related party transactions – The Company received capital contributions in the amount of \$152,000,000 from AmeriHealth Caritas Health Plan (ACHP) during 2016. At December 31, 2016, the Company recorded a \$280,000,000 capital contribution receivable that is more fully described in note 22.

D. At December 31, 2016, the Company reported the below amounts due to related parties:

(1)	AmeriHealth Caritas Services, LLC (ACS)	\$7,044,794
(2)	PerformRx, LLC (PerformRx)	\$641,451

E. Parental guarantees – None

F. Material management or service arrangements:

(1) The Company maintains a Management and Administrative Services Agreement with ACS, an affiliated company.

(2) PerformRx, a wholly owned subsidiary of ACHP, provides pharmacy benefit management services to the Company.

(3) PerformSpecialty, LLC, (PerformSpecialty) a wholly owned subsidiary of PerformRx, supplies specialty pharmacy drugs to the Company. Amounts due to PerformSpecialty are included in claims unpaid on pg. 3 of the annual statement.

G. The Company is a wholly owned subsidiary of ACHP. ACHP is a Pennsylvania partnership formed to develop and operate managed care business for Medicaid and Medicare enrollees.

H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None

I. Investments in an SCA entity that exceed 10% of admitted assets – None

J. Write-downs for impaired investments in SCA entities – None

K. Investment in foreign subsidiary calculation – None

L. Investment in a downstream noninsurance holding company – None

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None

(2) NAIC filing response information – None

N. Investment in Insurance SCAs – None
11. Debt

A. Capital Notes – None

B. Federal Home Loan Bank (FHLB) Agreements – None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan – None

B.,C. Postretirement Plan Assets – None

D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None

E. Defined Contribution Plans – None

F. Multiemployer Plans – None

G. Consolidated/Holding Company Plans – None

H. Postemployment Benefits and Compensated Absences – None

I. Impact of Medicare Modernization Act on Postretirement Benefits – None
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. Common Capital stock outstanding - The Company has 100 shares authorized, 50 shares issued and outstanding.

B. Preferred stock – None

C. Dividend restrictions – Pursuant to Iowa Statute 515.44, the directors or managers of a stock company, incorporated under the laws of the state of Iowa shall make no dividends except from the earned profits arising from their business, which shall not include contributed capital or contributed surplus.

D. Dates and amounts of dividends paid – None

E. Stockholder's portion of ordinary dividend from profits – None

F. Restrictions placed on unassigned funds (surplus) – None

G. The total amount of advances to surplus not repaid – None

H. The amount of stock held by the Company for special purposes – None

I. Changes in balances of special surplus funds from the prior year – None

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses – None

K. Surplus notes – None

L. Impact of any restatement due to quasi-reorganization – None

M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None
14. Liabilities, Contingencies and Assessments

A. Contingent Commitments – None

B. Assessments – None

C. Gain Contingencies – None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None

E. Joint and Several Liabilities – None

F. All Other Contingencies – None
15. Leases

A. Lessee Operating Leases

(1) The Company leases office space under noncancelable operating lease agreements that expire between August 15, 2018 and December 31, 2020. Rental expense for 2016 and 2015 was \$955,739 and \$86,144, respectively.

(2) At January 1, 2017, the minimum aggregate rental commitments are as follow:

	Year Ending	
	December 31	Operating Leases
1.	2017	\$ 1,088,858
2.	2018	\$ 1,103,395
3.	2019	\$ 1,060,585
4.	2020	\$ 1,053,537
5.	2021	\$ -
6.	Total	\$ 4,306,375

(3) The company is not involved in any material sales – leaseback transactions.

B. Lessor Leases

(1) Operating Leases – None

(2) Leveraged Leases – None
16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

A. The face, contract or notional principle amount – None

B. The nature and terms of the contract – None

C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None

D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables reported as Sales – None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales – None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans – None

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20. Fair Value Measurements

A.,B. Fair value measurement at reporting date

(1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

(3) Transfers in and/or out of Level 3 – None

(4) Fair value measurements categorized within Level 2 and 3 – None

C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None

D. Not Practicable to Estimate Fair Value – None
21. Other Items

A. Extraordinary Items – None

B. Troubled Debt Restructuring: Debtors – None

C. Other Disclosures and Unusual Items – The Company began servicing members under its contract with the Iowa Department of Human Services effective April 1, 2016.

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-Linked Securities (ILS) Contracts – None

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMERIHEALTH CARITAS IOWA, INC.

22. Events Subsequent

Type 1 – Recognized subsequent events
As of December 31, 2016, the Company recorded a \$280,000,000 capital contribution receivable and corresponding paid in capital, as approved by the IID on February 21, 2017, which was recognized in accordance with Statement of Statutory Accounting Principles (SSAP) No. 72, *Surplus and Quasi-reorganizations*. On February 24, 2017, \$280,000,000 in cash was received by the Company from ACHP.

Type 2 – Nonrecognized subsequent events

Subsequent events have been considered through March 1, 2017 for the statutory statement year ending December 31, 2016.

The Company is subject to an annual fee under section 9010 of the Federal ACA. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. On December 18, 2015, the Consolidated Appropriations Act of 2016 placed a moratorium on the ACA assessment, suspending collection of the health insurance fee for the 2017 calendar year (2016 data year). Thus, premiums written during 2016 are not subject to this assessment and segregation of special surplus is not required at December 31, 2016.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	.....No	
B. ACA fee assessment payable for the upcoming year	\$ 0	\$ 0
C. ACA fee assessment paid	..... 0	..... 0
D. Premium written subject to ACA 9010 assessment	..... 0	\$ 0
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	..... 140,060,545	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	..... 140,060,545	
G. Authorized Control Level (Five-Year Historical Line 15)	.....67,672,946	
H. Would reporting the ACA assessment as of December. 31, 2016 have triggered an RBC action level (YES/NO)?	.....No	
a) ACA fee assessment payable	\$0	
b) Assessment expected to impact RBC	%0	
23. Reinsurance		
A. Ceded Reinsurance Report – None		
B. Uncollectible Reinsurance – None		
C. Commutation of Ceded Reinsurance – None		
D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation		
(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None		
(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None		
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination		
A. Accrued retrospective premium adjustments – None		
B. Accrued retrospective premium as an adjustment to earned premium – None		
C. The amount of net premium written that are subject to retrospective rating features – None		
D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None		
E. Risk- Sharing Provisions of the ACA – None		
25. Change in Incurred Claims and Claim Adjustment Expenses – None		
26. Intercompany Pooling Arrangements – None		
27. Structured Settlements – None		
28. Health Care Receivables		
A. Pharmaceutical Rebate Receivables – None		
B. Risk Sharing Receivables – None		
29. Participating Policies – None		
30. Premium Deficiency Reserves		
(1) Liability carried for premium deficiency reserves	\$77,199,548	
(2) Date of the most recent evaluation of this liability	December 31, 2016	
(3) Was anticipated investment income utilized in the calculation?	Yes_____ No__X__	
31. Anticipated Salvage and Subrogation – None		

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []
- 1.3

State Regulating?

Iowa.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2015
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....
- 3.4

By what department or departments? Pennsylvania Insurance Department.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,

7.21 State the percentage of foreign control0.0

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG, 1601 Market Street, Philadelphia, PA 19103.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Omar Haq, Vice President, Actuarial Services, AmeriHealth Caritas Health Plan, 100 Stevens Drive, Philadelphia, PA 19113, employee of the holding company system.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

0

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....280,000,000

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral – excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB – including assets backing funding agreements

25.32 Other

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [] No [] N/A [X]

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian’s Address
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....
.....
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne.....	I.....
.....
.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....
.....
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	4,082,691	4,082,691	0
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	4,082,691	4,082,691	0

30.4 Describe the sources or methods utilized in determining the fair values:
For short-term investments, cost approximates fair value due to the short term nature of these investments.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 34.1 Amount of payments for legal expenses, if any? \$
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only.

\$0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$1,397,985,528	\$	.....0
2.2	Premium Denominator	\$1,397,985,528	\$	.....0
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....0.000
2.4	Reserve Numerator	\$298,750,195	\$	.....25,150,685
2.5	Reserve Denominator	\$298,750,195	\$	.....25,150,685
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$550,000

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

All providers have executed hold-harmless agreements for continuation of servcies.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....0

8.2 Number of providers at end of reporting year

.....42,298

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [X] No []

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Iowa.....

11.4 If yes, show the amount required.

\$.....1,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Adair.....
Adams.....
Allamakee.....
Appanoose.....
Audubon.....
Benton.....
Black Hawk.....
Boone.....
Bremer.....
Buchanan.....
Buena Vista.....
Butler.....
Calhoun.....
Carroll.....
Cass.....
Cedar.....
Cerro Gordo.....
Cherokee.....
Chicksasaw.....
Clarke.....
Clay.....
Clayton.....
Clinton.....
Crawford.....
Dallas.....
Davis.....
Decatur.....
Delaware.....
Des Moines.....
Dickinson.....
Dubuque.....
Emmet.....
Fayette.....
Floyd.....
Franklin.....
Fremont.....
Greene.....
Grundy.....
Guthrie.....
Hamilton.....
Hancock.....
Hardin.....
Harrison.....
Henry.....
Howard.....
Humboldt.....
Ida.....
Iowa.....
Jackson.....
Jasper.....
Jefferson.....
Johnson.....
Jones.....
Keokuk.....
Kossuth.....
Lee.....
Linn.....
Louisa.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
Lucas.....
Lyon.....
Madison.....
Mahaska.....
Marion.....
Marshall.....
Mills.....
Mitchell.....
Monona.....
Monroe.....
Montgomery.....
Muscatine.....
O'Brien.....
Osceola.....
Page.....
Palo Alto.....
Plymouth.....
Pocahontas.....
Polk.....
Pottawattamie.....
Poweshiek.....
Ringgold.....
Sac.....
Scott.....
Shelby.....
Sioux.....
Story.....
Tama.....
Taylor.....
Union.....
Van Buren.....
Wapello.....
Warren.....
Washington.....
Wayne.....
Webster.....
Winnebago.....
Winneshiek.....
Woodbury.....
Worth.....
Wright.....

- 13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [] No [N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded)

\$.....
- 15.2 Total incurred claims

\$.....
- 15.3 Number of covered lives

.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	453,594,479	41,242,859	0	0	0
2. Total liabilities (Page 3, Line 24)	313,533,934	33,022,481	0	0	0
3. Statutory minimum capital and surplus requirement	1,000,000	1,000,000	0	0	0
4. Total capital and surplus (Page 3, Line 33)	140,060,545	8,220,378	0	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,397,985,528	0	0	0	0
6. Total medical and hospital expenses (Line 18)	1,543,815,412	0	0	0	0
7. Claims adjustment expenses (Line 20)	35,857,959	0	0	0	0
8. Total administrative expenses (Line 21)	59,469,227	7,876,198	0	0	0
9. Net underwriting gain (loss) (Line 24)	(293,205,933)	(33,026,883)	0	0	0
10. Net investment gain (loss) (Line 27)	98,082	0	0	0	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(293,107,851)	(33,026,883)	0	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(91,651,503)	(7,783,615)	0	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital.....	140,060,545	8,220,378	0	0	0
15. Authorized control level risk-based capital.....	67,672,946	62,727	0	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	222,977	0	0	0	0
17. Total members months (Column 6, Line 7)	1,956,658	0	0	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	110.4	0.0	0.0	0.0	0.0
20. Cost containment expenses	1.2	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.3	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	121.0	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(21.0)	0.0	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	0	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	0	0	0	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

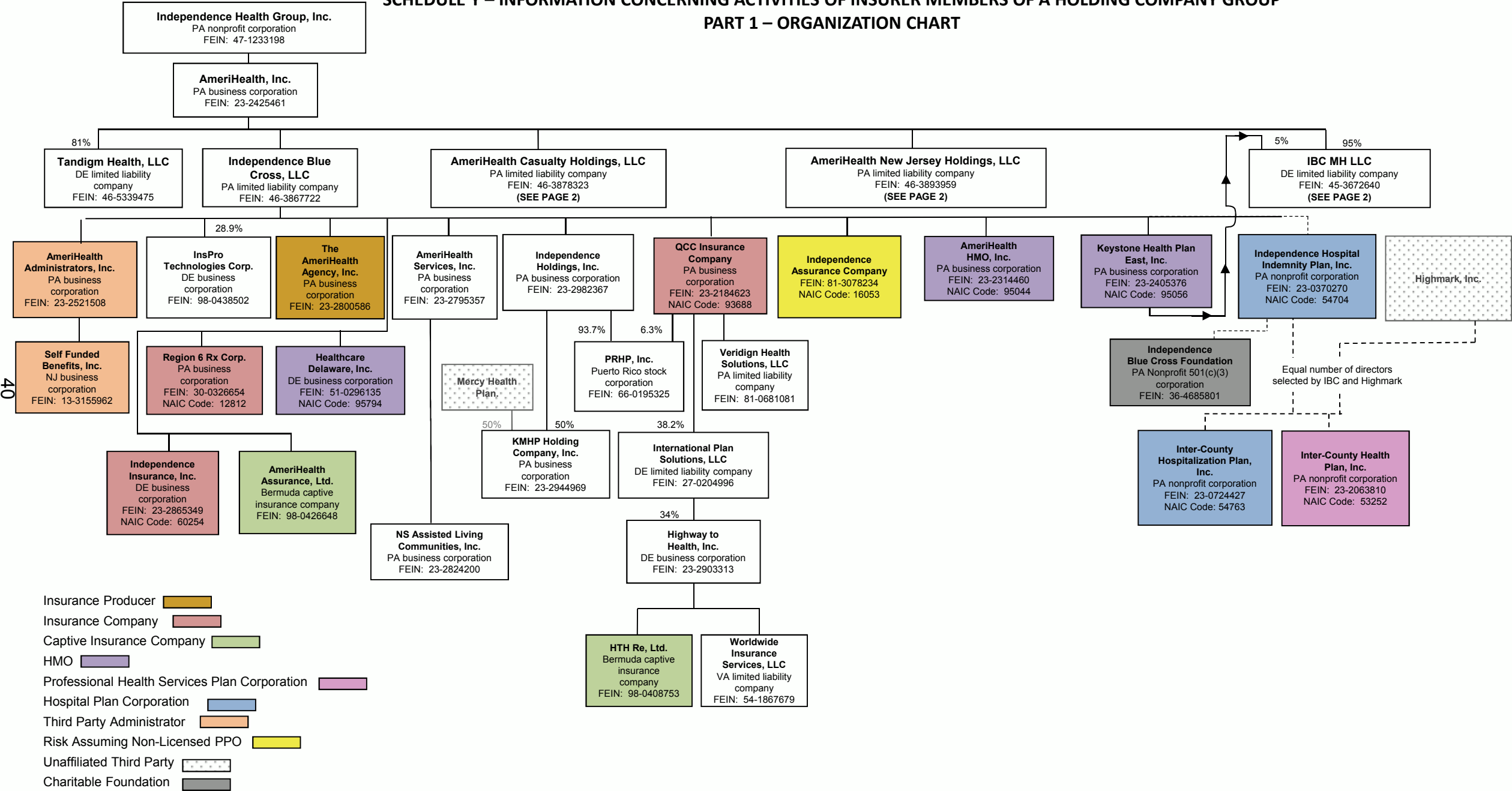
			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL								.0	.0
2.	Alaska	AK								.0	.0
3.	Arizona	AZ								.0	.0
4.	Arkansas	AR								.0	.0
5.	California	CA								.0	.0
6.	Colorado	CO								.0	.0
7.	Connecticut	CT								.0	.0
8.	Delaware	DE								.0	.0
9.	District of Columbia	DC								.0	.0
10.	Florida	FL								.0	.0
11.	Georgia	GA								.0	.0
12.	Hawaii	HI								.0	.0
13.	Idaho	ID								.0	.0
14.	Illinois	IL								.0	.0
15.	Indiana	IN								.0	.0
16.	Iowa	IA	L			1,399,957,987				1,399,957,987	.0
17.	Kansas	KS								.0	.0
18.	Kentucky	KY								.0	.0
19.	Louisiana	LA								.0	.0
20.	Maine	ME								.0	.0
21.	Maryland	MD								.0	.0
22.	Massachusetts	MA								.0	.0
23.	Michigan	MI								.0	.0
24.	Minnesota	MN								.0	.0
25.	Mississippi	MS								.0	.0
26.	Missouri	MO								.0	.0
27.	Montana	MT								.0	.0
28.	Nebraska	NE								.0	.0
29.	Nevada	NV								.0	.0
30.	New Hampshire	NH								.0	.0
31.	New Jersey	NJ								.0	.0
32.	New Mexico	NM								.0	.0
33.	New York	NY								.0	.0
34.	North Carolina	NC								.0	.0
35.	North Dakota	ND								.0	.0
36.	Ohio	OH								.0	.0
37.	Oklahoma	OK								.0	.0
38.	Oregon	OR								.0	.0
39.	Pennsylvania	PA								.0	.0
40.	Rhode Island	RI								.0	.0
41.	South Carolina	SC								.0	.0
42.	South Dakota	SD								.0	.0
43.	Tennessee	TN								.0	.0
44.	Texas	TX								.0	.0
45.	Utah	UT								.0	.0
46.	Vermont	VT								.0	.0
47.	Virginia	VA								.0	.0
48.	Washington	WA								.0	.0
49.	West Virginia	WV								.0	.0
50.	Wisconsin	WI								.0	.0
51.	Wyoming	WY								.0	.0
52.	American Samoa	AS								.0	.0
53.	Guam	GU								.0	.0
54.	Puerto Rico	PR								.0	.0
55.	U.S. Virgin Islands	VI								.0	.0
56.	Northern Mariana Islands	MP								.0	.0
57.	Canada	CAN								.0	.0
58.	Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal.....		XXX	.0	.0	1,399,957,987	.0	.0	.0	1,399,957,987	.0
60.	Reporting entity contributions for Employee Benefit Plans.....		XXX							.0	
61.	Total (Direct Business)	(a)	1	0	0	1,399,957,987	0	0	0	1,399,957,987	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page.....		XXX	.0	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

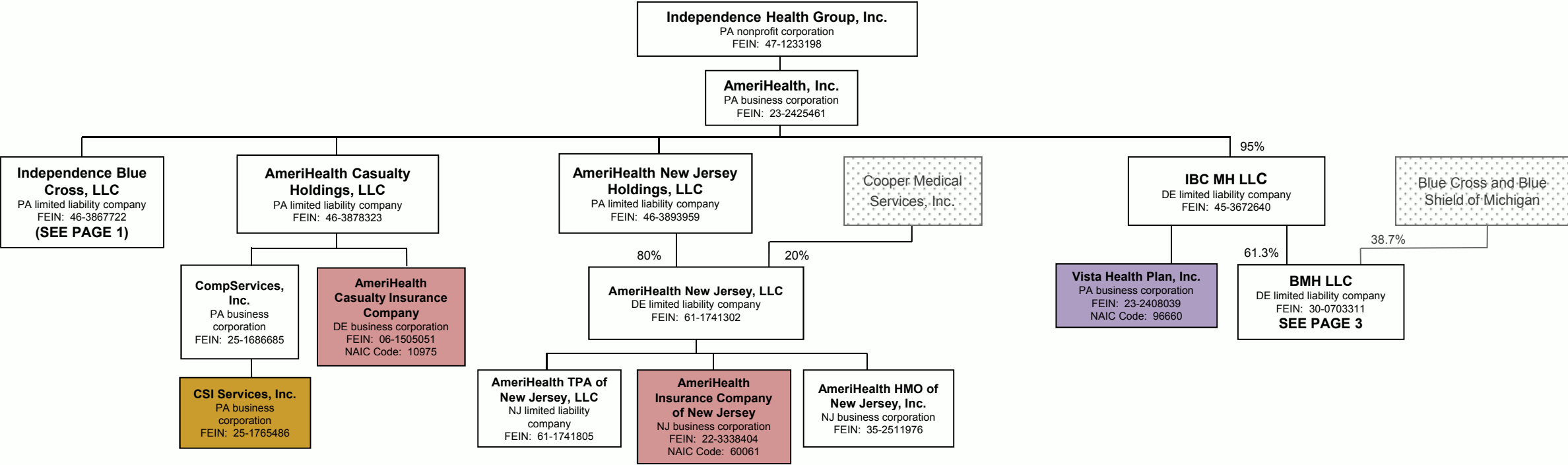
Explanation of basis of allocation by states, premiums by state, etc. The Company has business in the state of Iowa only.

(a) Insert the number of L responses except for Canada and other Alien.

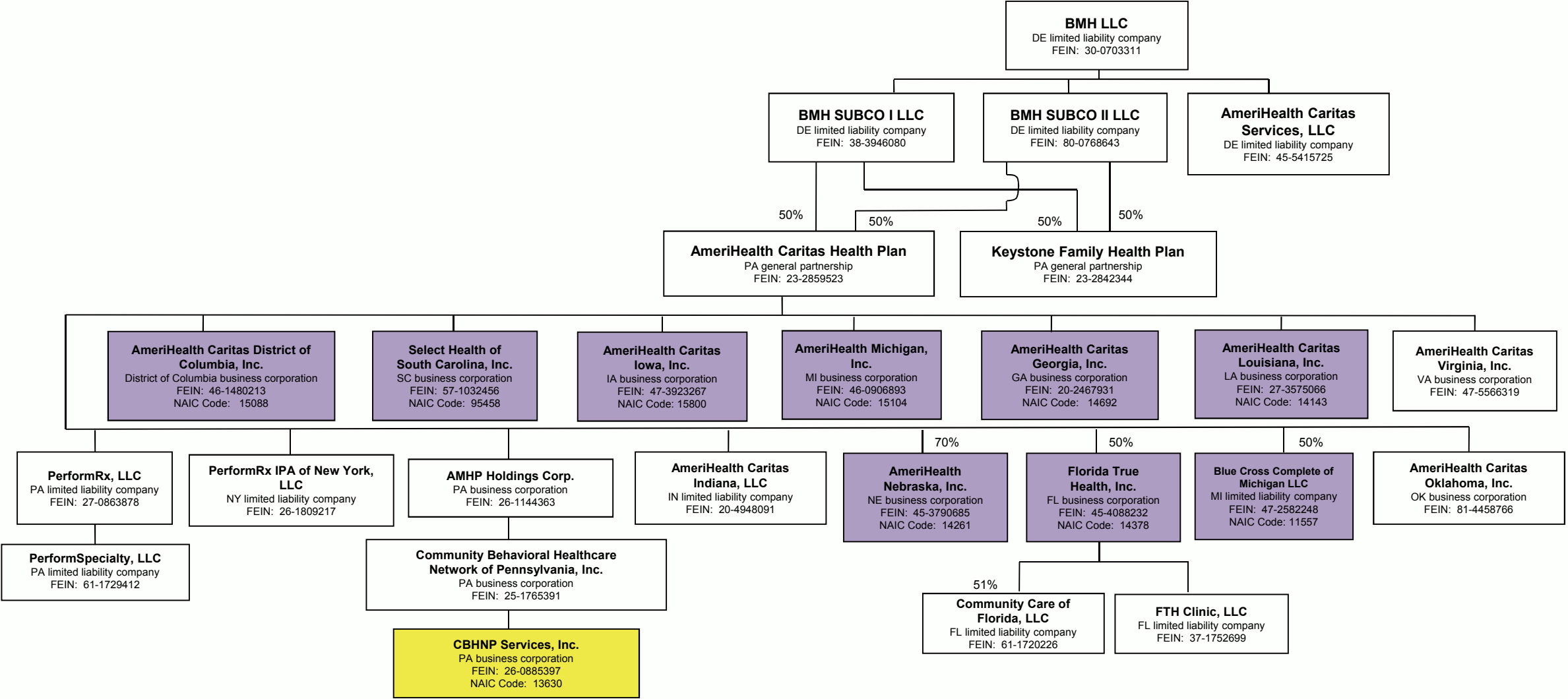
STATEMENT AS OF DECEMBER 31, 2016 of AMERIHEALTH CARITAS IOWA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



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